

IN THE UNITED STATES PATENT OFFICE

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Art Unit:

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Alexandria, VA 22313-1450

Sir:

Enclosed herewith for filing in the above-identified patent application are nine (9) sheets of formal drawings.

The Commissioner is hereby authorized to charge any deficiencies in fees or credit any overpayment to our Deposit Account No. 501914.

Respectfully Submitted,

Date: April 12, 2004

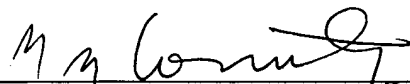
Barbara B. Courtney, Reg. No. 42442  
Tel. 408-236-6647

**AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT**

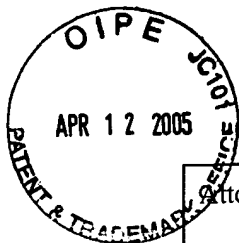
Please charge deposit account 501914 for any underpayment and credit the account for any overpayments in connection with this Office Action response.

Respectfully submitted,  
Shemwell Gregory & Courtney LLP

Date: April 12 2005

  
Barbara B. Courtney, Reg. No. 42,442  
Tel. 408-236-6647

Shemwell Gregory & Courtney LLP  
4880 Stevens Creek Blvd., Suite 201  
San Jose CA 95129



Attorney Docket No. BLP.U.P003

Patent Application

**Transmittal of Request for Continued Examination**

*Certification Under 37 C.F.R. §1.10 (if applicable)*

EV 503 779 986 US

"Express Mail" Label Number

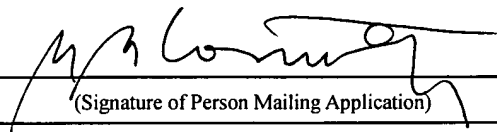
April 12 2005

Date of Deposit

I hereby certify that this application, and any other documents referred to as enclosed herein are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Barbara B. Courtney

(Print Name of Person Mailing Application)



(Signature of Person Mailing Application)

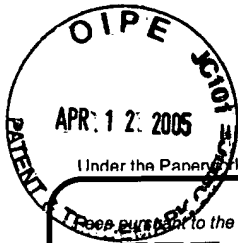
Serial/Patent No.: 09/837,251 Filing Date: April 18, 2001 Client: Blue Pumpkin Software, Inc.  
Title: Method and system for concurrent error identification in resource scheduling system

Atty. Docket No.: BLPU.P003

Date Mailed: April 12, 2005

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Amendment/Response (23 pgs.)    | <input checked="" type="checkbox"/> Petition for Extension of Time (2 month(s))   |
| <input type="checkbox"/> Preliminary Amendment ( pgs.)              | <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A            |
| <input type="checkbox"/> Application - Utility ( pgs.)              | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Application - Rule 1.53(b) Contin. ( pgs.) | <input checked="" type="checkbox"/> Submission of Formal Drawings                 |
| <input type="checkbox"/> Application - Rule 1.53(b) Divis. ( pgs.)  | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Application - Rule 1.53(b) CIP ( pgs.)     | <input type="checkbox"/> Appeal Brief ( pgs. in triplicate)                       |
| <input type="checkbox"/> Application - Rule 1.53(d) CPA ( pgs.)     | <input type="checkbox"/> Reply Brief  |
| <input type="checkbox"/> Application - PCT ( pgs.)                  | <input type="checkbox"/> Response to Notice of Missing Parts                      |
| <input type="checkbox"/> Application - Provisional ( pgs.)          | <input checked="" type="checkbox"/> Request for Continued Examination (PTO/SB/30) |
| <input checked="" type="checkbox"/> Drawings (9 sheets)             | <input checked="" type="checkbox"/> Fee Transmittal (in duplicate)                |
| <input type="checkbox"/> Declaration & POA ( pgs.)                  | <input checked="" type="checkbox"/> Itemized Postcard                             |
| <input type="checkbox"/> Assignment & Cover Sheet ( pgs.)           | <input checked="" type="checkbox"/> Express Mail Certificate of Mailing           |
| <input type="checkbox"/> Power of Attorney                          | <input checked="" type="checkbox"/> Express Mail No. <u>EV 503 779 986 US</u>     |
| <input type="checkbox"/> Nonpublication Request (35 USC 122(b))     | <input checked="" type="checkbox"/> Check No. <u>4139</u> Amt <u>1240.00</u>      |
| <input type="checkbox"/> Other _____                                |   |



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Patent Fee Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1240.00

**Complete if Known**

Application Number	09/837,251
Filing Date	04/18/2001
First Named Inventor	Cheryl Hite
Examiner Name	Christopher S. McCarthy
Art Unit	2113
Attorney Docket No.	BLPU.P003

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 501914 Deposit Account Name: Shemwell Gregory & Courtn

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE fee (\$790) and 2 mo extension (\$450)

Fees Paid (\$)

1240

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 42,442	Telephone 408-236-6647
Name (Print/Type)	Barbara B. Courtney	Date 04/12/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.